

Fill in this information to identify your case:

Debtor 1 Spencer Shepherd  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number 16-902  
 (If known)

**FILED**  
 STRICKLIN  
 3/15/16  
 2016 MAR 10 AM 10:15

DANIEL M. LAVILLE, CLERK  
 U.S. BANKRUPTCY COURT  
 WEST DIST. OF MICH.

☒ Check if this is an amended filing

## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

- ☒ No. Go to Part 2.  
☐ Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
\$ 417.00	\$ 0.00	\$ 417.00

2.1 Rapid Cash 49  
 Priority Creditor's Name  
7330 W 33<sup>RD</sup> ST  
 Number Street  
N Ste 118  
Wichita Ks 67205  
 City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 3/1/10

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of PRIORITY unsecured claim:**

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.2 Allied Collection  
 Priority Creditor's Name  
400 Allied Ct  
 Number Street  
Zeeland MI 49464  
 City State ZIP Code

Last 4 digits of account number 9214When was the debt incurred? 7-1-10

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of PRIORITY unsecured claim:**

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor 1

Spencer

Shepherd

First Name Middle Name

Last Name

Case number (if known)

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
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☐ Radiology Associates  
 Priority Creditor's Name  
 271 Woodland Pass  
 Number Street  
 120 East  
 Lansing MI 48823  
 City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ 577.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of PRIORITY unsecured claim:**

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

☐ Cash-Pro Inc  
 Priority Creditor's Name  
 101 Plaza E Blvd #100  
 Number Street  
 Evansville IN 47715  
 City State ZIP Code

Last 4 digits of account number 0328

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ 505

When was the debt incurred? 3-1-14

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of PRIORITY unsecured claim:**

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

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☐ Old National Bank  
 Priority Creditor's Name  
 600 E 96th, Ste 400  
 Number Street  
 Indianapolis IN 46280  
 City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ 505

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of PRIORITY unsecured claim:**

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1

Spencer

Middle Name

Shepherd

Last Name

Case number (if known)

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☐ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 Killarney Investment  
 Nonpriority Creditor's Name  
 530 S Capitol Ave  
 Number Street  
 Lansing MI 48933  
 City State ZIP Code

Last 4 digits of account number

Total claim

\$2,428.06

When was the debt incurred?

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify

4.2 Global Payment Check  
 Nonpriority Creditor's Name  
 P.O. Box 59371  
 Number Street  
 Chicago IL 60659  
 City State ZIP Code

Last 4 digits of account number

\$125.00

When was the debt incurred?

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify

4.3 Arbor Professional SCL  
 Nonpriority Creditor's Name  
 2090 S Main St  
 Number Street  
 Ann Arbor MI 48103  
 City State ZIP Code

Last 4 digits of account number

\$1,352.00

When was the debt incurred?

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify

Debtor 1

Spencer  
First Name Middle NameShepherd  
Last Name

Case number (if known)

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Rapid Cash 49

Name

7330 W 83<sup>RD</sup> ST

Number

Street

Wichita

City

KS

State

67205

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Allied Collection

Name

400 Allied Ct

Number

Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 9214

Zeeland

City

MI

State

49464

ZIP Code

Radiology Associates

Name

271 Woodland Pass

Number

Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

Lansing

City

MI

State

48923

ZIP Code

Cash-Pro Tr

Name

101 Plaza E Blvd #100

Number

Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 0328

Evansville

City

IN

State

47715

ZIP Code

Old National Bank

Name

1000 E 96<sup>th</sup> St, Ste 400

Number

Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

Indianapolis

City

IN

State

46280

ZIP Code

Killarney Investment

Name

630 S Capitol Ave

Number

Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

Lansing

City

MI

State

48933

ZIP Code

Arbor Professional

Name

2090 S Main St

Number

Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 136

Ann Arbor

City

MI

State

48103

ZIP Code

Debtor 1

Spencer

First Name

Middle Name

Shepherd

Last Name

Case number (if known)

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
<b>Total claims from Part 1</b>	6a. Domestic support obligations	6a. \$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. \$ <u>0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ <u>0.00</u>
	6e. Total. Add lines 6a through 6d.	6e. <div style="border: 1px solid black; padding: 2px;">\$ <u>0.00</u></div>

		Total claim
<b>Total claims from Part 2</b>	6f. Student loans	6f. \$ <u>50,000</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ <u>6,497.06</u>
	6j. Total. Add lines 6f through 6i.	6j. <div style="border: 1px solid black; padding: 2px;">\$ <u>56,497.06</u></div>

In re \_\_\_\_\_,  
DebtorCase No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 111 S. Waverly Rd Lansing MI 48917 Astera Credit Union			2-1-2013				\$833.00
ACCOUNT NO. Lansing Board of Water and Light 218 N 3rd St Kentland IN 47951			12-1-2015				\$512.00
ACCOUNT NO. Mesa Club Apts P.O. Box 98344 Las Vegas NV. 89193			5-1-2013				\$3,967.00
ACCOUNT NO. Sprint P.O. Box 3097 Bloomington IL 61702			10-1-2015				\$1,484.00
ACCOUNT NO. 54B District Court 101 Linden St East Lansing, MI 48823							\$2,200.00
Sheet no. _____ of _____ continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ \$ 8,996.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total ▶ \$

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Mailing Matrix

Astera Credit Union  
111 S. Waverly Rd  
Lansing Mi 48917

Verizon  
P.O. Box 4846  
Trenton, NJ 08650

Lansing Board of water and light  
218 N 3rd St Kentland In 47951

~~54B~~

54B District Court  
101 Linden St  
East Lansing Mi 48823

AFNI INC (sprint)  
PO Box 3097  
Bloomington IL 61702

Vegas Valley Collection (Mesa club Apts)  
P.O Box 98344 Las Vegas NV 89193

Fifth Third Bank  
6446 S. Cedar St  
Lansing Mi 48911

Bank of America  
~~124 W Allegan St~~  
~~Lansing Mi 48933~~  
4530 W Saginaw Hwy  
Lansing Mi 48917

Michigan Secretary of State  
3315 E. Michigan Ave.  
Lansing Mich 48912